PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				71)-273-2885				
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used correspondence includi ed below or directed of tions.	for transmitting the 1St ng the Patent, advance herwise in Block 1, by	SUE FEE and PUBLICAT orders and notification of (a) specifying a new corre	TON FEE (if requiremaintenance fees sepondence address	ired). I will be ; and/or	Blocks 1 through 5 mailed to the curren r (b) indicating a ser	should be completed when t correspondence address a sarate "FEE ADDRESS" for	
CURRENT CORRESPONDS	No Per Par par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.						
2292	hav	_						
PO BOX 747	ART KOLASCH H, VA 22040-0747	1 h Sta ado trai	1 hereby certify that this Fee(s) Transmission 1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilt transmitted to the USPTO (371) 273-2885, on the date indicated below.					
			Г				(Depositor's name)	
			<u> </u>				(Signature)	
					-		(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	,	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/589,759 07/13/2007								
		I ANTENNA BOR REC		Kare T. Christensen 4436-0132FUS1 9657 FION AND TRANSMISSION OF ELECTROMAGNETIC SIGNALS				
APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	1	month of the same but	DATE DUE	
		L		<u> </u>	E PEE	TOTAL FEE(S) DUE		
nonprovisional	NO	\$1510	\$300	\$0		\$1810	05/24/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
ELBIN, JESSE A 2614			381-324000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). CFR 1363). Change of correspondence address (or Change of Correspondence Address form PTOVSB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTOVSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the petent froat page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered shorancy or agens) and the names of up to listed, to patien will be printed.					
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)				
		ified below, no assigned eletion of this form is N					locument has been filed for	
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY	and STATE OR C	OUNT	RY)				
OTICON A/S			Smørum, Denmark					
Please check the appropria	ate assignee category or	categories (will not be p	printed on the patent):	Individual 🖾 Co	rporatie	on or other private gr	oup entity Government	
4a. The following fee(s) a	re submitted:	4	4b. Payment of Fee(s): (Ple	ise first reapply ai	ıy previ	iously paid issue fee	shown above)	
☑ Issue Fee ☐ A check is enclosed.								
Depublication Fee (No small entity discount permitted) Advance Order - # of Copies Four (4) Depublication Fee (No small entity discount permitted) Depublication Fee (No small entity discount permitted)							diciency or credit any	
			overpayment, to Depo	sit Account Number	02-2	2448 (enclose a	n extra copy of this form).	
	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no lon					
NOTE: The Issue Fee and interest as shown by the re	Publication (ee (if requeecords of the Philadel	fired) will not be accept tes Patent and Trademar	ed from anyone other than t k Office.	he applicant; a regi	stered a	ttorney or agent; or ti	ne assignee or other party in	
Authorized Signature) V ((ay 12, :			
Typed or printed name				Registration N		40,439		
This collection of informa an application. Confidenti submitting the completed this form and/or suggestion Box 1450. Alexandre, Vi	ation is required by 37 C iality is governed by 35 application form to the pass for reducing this but regime 22212 1450. DO	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will var den, should be sent to the	ion is required to obtain or t 1.14. This collection is est y depending upon the individue Chief Information Office COMPLETED FORMS TO	etain a benefit by t imated to take 12 s idual case. Any co r, U.S. Patent and	he publi ninutes mments Tradem	ic which is to file (and to complete, includir s on the amount of ti- ark Office, U.S. Dep	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.